

# **EXHIBIT B**

## PROOF OF CLAIM

|  |  |  |   |
|--|--|--|---|
| Name of Debtor:<br><b>USA COMMERCIAL MORTGAGE COMPANY</b>  |  | Case Number:<br><b>06-10725-LBR</b>  |   |
| <p>NOTE: See Reverse for List of Debtors and Case Numbers.<br/>This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.</p>   |  | <input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.<br><br><input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court or BMC Group in this case.<br><br><input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court.  |   |
| <p>Name of Creditor and Address:<br/><br/> <b>PETER VALVE COMPANY INC<br/>2800 WRONDEL WAY STE A<br/>RENO NV 89502-4297</b><br/><br/> <b>225</b><br/><br/> <b>Creditor Telephone Number (702) 826-0724</b><br/><br/> <b>1502</b> </p>  |  | <p><b>DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS.</b></p> <p>If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.</p> <p><b>THIS SPACE IS FOR COURT USE ONLY</b></p>   |   |
| <p>Last four digits of account or other number by which creditor identifies debtor:</p>  |  | <p>Check here if this claim <input type="checkbox"/> replaces or amends a previously filed claim dated: _____</p>  |   |
| <p><b>1. BASIS FOR CLAIM</b></p> <p><input type="checkbox"/> Goods sold      <input type="checkbox"/> Personal injury/wrongful death      <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a)<br/> <input type="checkbox"/> Services performed      <input type="checkbox"/> Taxes      <input type="checkbox"/> Wages, salaries, and compensation (fill out below)<br/> <input checked="" type="checkbox"/> Money loaned      <input type="checkbox"/> Other (describe briefly)      Last four digits of your SS #: _____<br/> <br/>         Unpaid compensation for services performed from: _____ to _____<br/>         (date)      (date)       </p>   |  | <p><input type="checkbox"/> Unremitted principal<br/> <input type="checkbox"/> Other claims against servicer (not for loan balances)</p>   |   |
| <p><b>2. DATE DEBT WAS INCURRED:</b></p>   |  | <p><b>3. IF COURT JUDGMENT, DATE OBTAINED:</b></p>   |   |
| <p><b>4. CLASSIFICATION OF CLAIM:</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed.<br/>See reverse side for important explanations.</p> <p><b>UNSECURED NONPRIORITY CLAIM \$</b><br/> <input type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or c) none or only part of your claim is entitled to priority.</p> <p><b>UNSECURED PRIORITY CLAIM</b><br/> <input type="checkbox"/> Check this box if you have an unsecured claim, all or part of which is entitled to priority.<br/>         Amount entitled to priority \$ _____<br/>         Specify the priority of the claim:<br/> <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)<br/> <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000)*, earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).<br/> <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).       </p> |  |  |   |
| <p><b>SECURED CLAIM</b><br/> <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff).<br/>         Brief description of collateral:<br/> <input checked="" type="checkbox"/> Real Estate      <input type="checkbox"/> Motor Vehicle      <input type="checkbox"/> Other _____<br/>         Value of Collateral: \$ _____<br/>         Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____<br/> <p><input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7).<br/> <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).<br/> <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a) (____).<br/>         * Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.       </p> </p>  |  |  |   |
| <p><b>5. TOTAL AMOUNT OF CLAIM \$</b> <b>\$ 100,000.00</b> <b>\$</b> _____ <b>\$</b> _____</p> <p>AT TIME CASE FILED:      (unsecured)      (secured)      (priority)      (Total)</p>   |  | <p><b>6. CREDITS:</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.</p> <p><b>7. SUPPORTING DOCUMENTS:</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.</p> <p><b>8. DATE-STAMPED COPY:</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.</p> |   |
| <p>The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units).</p> <p><b>BY MAIL TO:</b><br/> <b>BMC Group</b><br/>         Attn: USACM Claims Docketing Center<br/>         P. O. Box 911<br/>         El Segundo, CA 90245-0911       </p>  |  |  | <p><b>THIS SPACE FOR COURT USE ONLY</b></p> |
| <p>DATE<br/><b>11-7-2006</b></p>   |  | <p>SIGN and print the name and title, if any, of the creditor or other person authorized to file the claim (attach copy of power of attorney, if any):<br/> <b>PHILLIP M. A. Wilson</b> <b>PETER VALVE Co., Inc.</b><br/> <b>PHILLIP M. A. Wilson</b> <b>PRESIDENT</b> </p>  |   |

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**PROOF OF CLAIM**

|   |                                     |
|---|-------------------------------------|
| Name of Debtor:<br><b>USA Commercial Mortgage Company</b> | Case Number:<br><b>06-10725-LBR</b> |
|---|-------------------------------------|

NOTE: See Reverse for List of Debtors and Case Numbers.  
This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

**Name of Creditor and Address:**

██████████ 11321242038405  
RULON, PHILLIP  
2800A WRONDEL WAY  
RENO NV 89502

Creditor Telephone Number ( **775-526-0724** )Last four digits of account or other number by which creditor identifies debtor: **0828**

Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Check box if you have never received any notices from the bankruptcy court or BMC Group in this case.

Check box if this address differs from the address on the envelope sent to you by the court.

**IF YOU ARE ONLY OWED MONEY BY A BORROWER WHOSE LOAN IS BEING SERVICED BY THE DEBTORS YOU DO NOT HAVE TO FILE A PROOF OF CLAIM. THIS INCLUDES MONEY FROM THAT BORROWER HELD IN THE COLLECTION ACCOUNT.**

**DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS.**

If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.

**THIS SPACE IS FOR COURT USE ONLY**

**1. BASIS FOR CLAIM**

Goods sold  Personal injury/wrongful death  
 Services performed  Taxes  
 Money loaned  Other (describe briefly) \_\_\_\_\_

Retiree benefits as defined in 11 U.S.C. § 1114(a)

Unremitted principal

Wages, salaries, and compensation (fill out below)

Other claims against servicer (not for loan balance)

Last four digits of your SS #: \_\_\_\_\_

Unpaid compensation for services performed from: \_\_\_\_\_ to \_\_\_\_\_

(date) (date)

**2. DATE DEBT WAS INCURRED:****3. IF COURT JUDGMENT, DATE OBTAINED:**

**4. CLASSIFICATION OF CLAIM:** Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed.  
See reverse side for important explanations.

**UNSECURED NONPRIORITY CLAIM \$**

Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or c) none or only part of your claim is entitled to priority.

**SECURED CLAIM**

Check this box if your claim is secured by collateral (including a right of setoff).

Brief description of collateral:

Real Estate  Motor Vehicle  Other \_\_\_\_\_

Value of Collateral: \$ \_\_\_\_\_

Amount of arrearage and other charges at time case filed, included in secured claim, if any: \$ \_\_\_\_\_

Up to \$2,225\* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7).

Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).

Other - Specify applicable paragraph of 11 U.S.C. § 507(a) (\_\_\_\_).

\*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

**5. TOTAL AMOUNT OF CLAIM \$ **503,479.62** \$ \_\_\_\_\_ \$ \_\_\_\_\_**

AT TIME CASE FILED: (unsecured)

(secured)

(priority)

(Total)

Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

**6. CREDITS:** The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

**7. SUPPORTING DOCUMENTS:** Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

**8. DATE-STAMPED COPY:** To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2008 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units).

**THIS SPACE FOR COURT USE ONLY**

BY MAIL TO:  
BMC Group  
Attn: USACM Claims Docketing Center  
P. O. Box 911  
El Segundo, CA 90245-0911

BY HAND OR OVERNIGHT DELIVERY TO:  
BMC Group  
Attn: USACM Claims Docketing Center  
1330 East Franklin Avenue  
El Segundo, CA 90245

DATE

11-7-2006

SIGN and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):

03/12/08 M. RIVOL AND SHIRLEY S. RIVOL

## PROOF OF CLAIM

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Name of Debtor:  
USA Commercial Mortgage CompanyCase Number:  
06-10725-LBRNOTE: See Reverse for List of Debtors and Case Numbers.  
This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor and Address:

11321242037458

MONIGHETTI, PETE  
6515 FRANKIE LANE  
PRUNEDALE CA 93907 Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. Check box if you have never received any notices from the bankruptcy court or BMC Group in this case. Check box if this address differs from the address on the envelope sent to you by the court.

IF YOU ARE ONLY OWED MONEY BY A BORROWER WHOSE LOAN IS BEING SERVICED BY THE DEBTORS YOU DO NOT HAVE TO FILE A PROOF OF CLAIM. THIS INCLUDES MONEY FROM THAT BORROWER HELD IN THE COLLECTION ACCOUNT.

DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS.

If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.  
THIS SPACE IS FOR COURT USE ONLY

Creditor Telephone Number ( )

Last four digits of account or other number by which creditor identifies debtor:

Check here if this claim  replaces or  amends a previously filed claim dated: \_\_\_\_\_

## 1. BASIS FOR CLAIM

Goods sold  Personal injury/wrongful death  
 Services performed  Taxes  
 Money loaned  Other (describe briefly)

 Retiree benefits as defined in 11 U.S.C. § 1114(a) Wages, salaries, and compensation (fill out below)

Last four digits of your SS #: \_\_\_\_\_

 Unremitted principal Other claims against servicer (not for loan balances)

Unpaid compensation for services performed from: \_\_\_\_\_ to \_\_\_\_\_

(date) (date)

## 2. DATE DEBT WAS INCURRED:

## 3. IF COURT JUDGMENT, DATE OBTAINED:

## 4. CLASSIFICATION OF CLAIM. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed.

See reverse side for important explanations.

## SECURED CLAIM

 Check this box if your claim is secured by collateral (including a right of setoff).

Brief description of collateral:

 Real Estate  Motor Vehicle  Other \_\_\_\_\_

Value of Collateral: \$ \_\_\_\_\_

Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ \_\_\_\_\_

 Up to \$2,225\* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use -11 U.S.C. § 507(e)(7). Taxes or penalties owed to governmental units - 11 U.S.C. § 507(e)(8). Other - Specify applicable paragraph of 11 U.S.C. § 507(e) ( \_\_\_\_ ).

\* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

5. TOTAL AMOUNT OF CLAIM \$ 1,509,963.55 \$ 1,509,963.55 THIS SPACE FOR COURT USE ONLY  
AT TIME CASE FILED: (unsecured) (secured) (priority) (Total) Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

6. CREDITS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

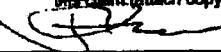
7. SUPPORTING DOCUMENTS: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

8. DATE-STAMPED COPY: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units).

BY MAIL TO:  
BMC Group  
Attn: USACM Claims Docketing Center  
P. O. Box 911  
El Segundo, CA 90245-0911BY HAND OR OVERNIGHT DELIVERY TO:  
BMC Group  
Attn: USACM Claims Docketing Center  
1330 East Franklin Avenue  
El Segundo, CA 90245

THIS SPACE FOR COURT USE ONLY

DATE 11-8-06 SIGN and print the name and title, if any, of the creditor or other person authorized to file this claim. (attach copy of power of attorney, if any): 

| PROOF OF CLAIM   |  |  | YOUR CLAIM IS SCHEDULED AS:   |                               |
|--|--|--|---|-------------------------------|
| Name of Debtor:<br>USA Commercial Mortgage Company   |  | Case Number:<br>06-10725-LBR   | Schedule/Claim ID: 831738<br>Amount/Classification: \$12,951.80 Unsecured |                               |
| NOTE: See Reverse for List of Debtors and Case Numbers.<br>This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.   |  | <input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.<br><input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court or BMC Group in this case.<br><input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court.  |   |                               |
| Name of Creditor and Address:<br><br>JAY E HENMAN RETIREMENT PLAN<br>C/O JAY E HENMAN TRUSTEE<br>1023 RIDGEVIEW CT<br>CARSON CITY, NV 89705-8054   |  | The amounts reflected above constitute your claim as scheduled by the Debtor or pursuant to a filed claim. If you agree with the amounts set forth herein, and have no other claim against the Debtor, you do not need to file this proof of claim EXCEPT as stated below.<br>If the amounts shown above are listed as Contingent, Unliquidated or Disputed, a proof of claim must be filed.<br>If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.  |   |                               |
| Creditor Telephone Number (775) 721-0156   |  | THIS SPACE IS FOR COURT USE ONLY   |   |                               |
| Last four digits of account or other number by which creditor identifies debtor:<br>ID 1796  |  | <input type="checkbox"/> Check here if this claim replaces a previously filed claim dated: _____<br><input type="checkbox"/> or amends   |   |                               |
| 1. BASIS FOR CLAIM   |  | <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Unremitted principal<br><input type="checkbox"/> Goods sold <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Wages, salaries, and compensation (fill out below) <input type="checkbox"/> Other claims against service (not for loan balances)<br><input type="checkbox"/> Services performed <input type="checkbox"/> Taxes<br><input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Other (describe briefly) |   |                               |
| 2. DATE DEBT WAS INCURRED:   |  | 3. IF COURT JUDGMENT, DATE OBTAINED:   |   |                               |
| 4. CLASSIFICATION OF CLAIM. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.  |  |  |   |                               |
| UNSECURED NONPRIORITY CLAIM \$   |  | <input type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.   |   |                               |
| UNSECURED PRIORITY CLAIM   |  | <input type="checkbox"/> SECURED CLAIM<br><input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff).<br>Brief description of collateral:<br><input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____<br>Value of Collateral: \$ _____<br>Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____   |   |                               |
| <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)<br><input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000)*, earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).<br><input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5). |  | <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7).<br><input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).<br><input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a) (____).  |   |                               |
| 5. TOTAL AMOUNT OF CLAIM \$ <u>747,293</u>   |  | *Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.  |   |                               |
| AT TIME CASE FILED: \$ <u>747,293</u>  |  | \$ (unsecured)      \$ (secured)      \$ (priority)      \$ (Total)  |   |                               |
| <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.   |  |  |   |                               |
| 6. CREDITS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.   |  |  |   |                               |
| 7. SUPPORTING DOCUMENTS: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.  |  |  |   |                               |
| 8. DATE-STAMPED COPY: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.  |  |  |   |                               |
| The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units).   |  |  |   | THIS SPACE FOR COURT USE ONLY |
| BY MAIL TO:<br>BMC Group<br>Attn: USACM Claims Docketing Center<br>P. O. Box 911<br>El Segundo, CA 90245-0911  |  | BY HAND OR OVERNIGHT DELIVERY TO:<br>BMC Group<br>Attn: USACM Claims Docketing Center<br>1330 East Franklin Avenue<br>El Segundo, CA 90245   |   |                               |
| DATE   | SIGN and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):<br><br><i>Jay E. Henman Trustee Jay E. Henman Retirement Plan</i> |  |   |                               |

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## FORM B10 (Official Form 10) (10/05)

| UNITED STATES BANKRUPTCY COURT  |   | DISTRICT OF <u>Nevada</u> | PROOF OF CLAIM |
|---|---|---------------------------|----------------|
| Name of Debtor  | Case Number<br><u>Ob-10725-LBR</u>  |                           |                |
| NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.   |   |                           |                |
| Name of Creditor (The person or other entity to whom the debtor owes money or property): <u>Gerry Topp, a married man dealing with his sole &amp; separate property</u>   | <input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.<br><input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case.<br><input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court. |                           |                |
| Name and address where notices should be sent:<br><u>Gerry Topp<br/>10745 W. River St.<br/>Truckee, CA 96160</u>  | THE SPACE IS FOR COURT USE ONLY   |                           |                |
| Telephone number:   | Check here if this claim replaces _____ amends a previously filed claim, dated: _____   |                           |                |
| Last four digits of account or other number by which creditor identifies debtor:  |   |                           |                |
| 1. Basis for Claim<br><input type="checkbox"/> Goods sold<br><input type="checkbox"/> Services performed<br><input checked="" type="checkbox"/> Money loaned<br><input type="checkbox"/> Personal injury/wrongful death<br><input type="checkbox"/> Taxes<br><input type="checkbox"/> Other <u>See Exhibit A</u>  | <input checked="" type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a)<br>Wages, salaries, and compensation (fill out below)<br>Last four digits of your SS #: _____<br>Unpaid compensation for services performed<br>from _____ to _____<br>(date) (date)  |                           |                |
| 2. Date debt was incurred: <u>Oct. 2001</u>   | 3. If court judgment, date obtained:  |                           |                |
| 4. Classification of Claim. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.   |   |                           |                |
| <b>Unsecured Nonpriority Claim \$ 260,703.10</b><br><input checked="" type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.   |   |                           |                |
| <b>Unsecured Priority Claim</b><br><input type="checkbox"/> Check this box if you have an unsecured claim, all or part of which is entitled to priority.  |   |                           |                |
| Amount entitled to priority \$ _____<br>Specify the priority of the claim:<br><input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (5)(1)(B)<br><input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000),* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).<br><input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).    |   |                           |                |
| Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7).<br><input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).<br><input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____).<br><small>*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small> |   |                           |                |
| 5. Total Amount of Claim at Time Case Filed: <u>\$260,703.10</u> <small>(unsecured) (secured) (priority) (Total)</small>  |   |                           |                |
| <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.  |   |                           |                |
| 6. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.  |   |                           |                |
| 7. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.   |   |                           |                |
| 8. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.   |   |                           |                |
| Date<br><u>1/17/07</u>  | Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):<br><u>Gerry Topp</u>   |                           |                |

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

## PROOF OF CLAIM

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**PROOF OF CLAIM**

|   |                                     |
|---|-------------------------------------|
| Name of Debtor:<br><b>USA Commercial Mortgage Company</b> | Case Number:<br><b>06-10725-LBR</b> |
|---|-------------------------------------|

NOTE: See Reverse for List of Debtors and Case Numbers.  
This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

|  |                |
|--|----------------|
| Name of Creditor and Address:<br><br>LOCOCO, RANDALL & ALLISON<br>3001 SAN LUIS COURT<br>FORT COLLINS CO 80525 | 11321242036758 |
|--|----------------|

Creditor Telephone Number ( ) **(970) 482-5262**

Last four digits of account or other number by which creditor identifies debtor:

Check here if this claim  
 replaces or  
 amends

**IF YOU ARE ONLY OWED MONEY BY A BORROWER WHOSE LOAN IS BEING SERVICED BY THE DEBTORS YOU DO NOT HAVE TO FILE A PROOF OF CLAIM. THIS INCLUDES MONEY FROM THAT BORROWER HELD IN THE COLLECTION ACCOUNT.**

**DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS.**

If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.

**THIS SPACE IS FOR COURT USE ONLY**

|                           |  |   |   |  |
|---------------------------|--|---|---|--|
| <b>1. BASIS FOR CLAIM</b> | <input type="checkbox"/> Goods sold              | <input type="checkbox"/> Personal injury/wrongful death | <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) | <input type="checkbox"/> Unremitted principal                                  |
|                           | <input type="checkbox"/> Services performed      | <input type="checkbox"/> Taxes                          | <input type="checkbox"/> Wages, salaries, and compensation (fill out below) | <input type="checkbox"/> Other claims against servicer (not for loan balances) |
|                           | <input checked="" type="checkbox"/> Money loaned | <input type="checkbox"/> Other (describe briefly)       | Last four digits of your SS #: _____  | to _____<br>(date) (date)  |
|                           |  |   | Unpaid compensation for services performed from: _____                      |  |

**2. DATE DEBT WAS INCURRED:** **3. IF COURT JUDGMENT, DATE OBTAINED:**

**4. CLASSIFICATION OF CLAIM.** Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed.  
See reverse side for important explanations.

**UNSECURED NONPRIORITY CLAIM \$**

Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.

**UNSECURED PRIORITY CLAIM**

Check this box if you have an unsecured claim, all or part of which is entitled to priority.

Amount entitled to priority \$ \_\_\_\_\_

Specify the priority of the claim:

Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)  
 Wages, salaries, or commissions (up to \$10,000)\*, earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).  
 Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).

**SECURED CLAIM (see attached explanation)**

Check this box if your claim is secured by collateral (including a right of setoff).

Brief description of collateral:

Real Estate  Motor Vehicle  Other \_\_\_\_\_

Value of Collateral: \$ \_\_\_\_\_

Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ \_\_\_\_\_

Up to \$2,225\* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use -11 U.S.C. § 507(a)(7).

Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).

Other - Specify applicable paragraph of 11 U.S.C. § 507(a) (\_\_\_\_).

\*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

**5. TOTAL AMOUNT OF CLAIM \$ -0- \$ 100,000.00 \$ -0- \$ 100,000.00**  
AT TIME CASE FILED: (unsecured) (secured) (priority) (Total)

Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

**6. CREDITS:** The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

**7. SUPPORTING DOCUMENTS:** *Attach copies of supporting documents*, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

**8. DATE-STAMPED COPY:** To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units).

BY MAIL TO:  
BMC Group  
Attn: USACM Claims Docketing Center  
P. O. Box 911  
El Segundo, CA 90245-0911

BY HAND OR OVERNIGHT DELIVERY TO:  
BMC Group  
Attn: USACM Claims Docketing Center  
1330 East Franklin Avenue  
El Segundo, CA 90245

**THIS SPACE FOR COURT USE ONLY**

|                            |   |
|----------------------------|---|
| DATE<br><br><u>11/9/06</u> | SIGN and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):<br><br>Randall Lococo/Allison Lococo |
|----------------------------|---|